

APPLICATION FOR LODGING ESTABLISHMENT LICENSE

Mail Application & Payment to:

Kansas Department of Agriculture
Records Center – Food Safety & Lodging
109 SW 9th Street, 3rd Floor
Topeka, KS 66612
(785) 296-7430

PLEASE PRINT CLEARLY

ESTABLISHMENT INFORMATION

Establishment Name / DBA: _____ Phone: _____
Establishment Address: _____ Fax: _____
City, State, Zip Code: _____ County: _____
Opening Date: ____ / ____ / ____ Email Address: _____

OWNERSHIP INFORMATION

(READ CAREFULLY: Please list corporation, partnership, partners or individual owner)

Owner: _____

☐ Individual / Sole Proprietor ☐ Partnership (LLP / LP) ☐ Corporation (Corp. / Inc.) ☐ LLC

FEIN #: _____ Individual Owner's SS #: _____

Contact Person: _____ Phone: _____

OPTIONAL MAILING ADDRESS

Mailing Address: _____

City, State Zip Code: _____

Mail License To:

Mail Renewal To:

____ Establishment ____ Optional Address

____ Establishment ____ Optional Address

I agree as a condition to the granting of a license to comply with and abide by all the terms of the Kansas Food, Drug and Cosmetic Act, the Food Service and Lodging Act and the rules and regulations prescribed thereunder. I declare the above statements are true, complete and accurate to the best of my knowledge.

Signature

Date

Printed Name

Title (owner, president, treasurer, etc.)

For Office Use Only

Inspector: _____

Inspection Date: ____ / ____ / ____

Task Assigned: ____ / ____ / ____ RAC: _____

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License # _____

Date Issued: ____ / ____ / ____ Initials: _____

Please check the appropriate box(s) below.

A separate application and fees will need to be submitted for each location needing a license.

NOTE: ALL new applications require an application fee and a license fee.

Make checks payable to: Kansas Department of Agriculture or KDA

A credit card payment form can be downloaded at: http://www.ksda.gov/records_center/content/286

Application Fee:

+

License Fee:

_____ 1 – 29 Rooms = \$100

_____ 30+ Rooms = \$200

1 – 9 Rooms = \$ 30.00

Add \$10.00 for each additional 10 rooms.

(See attached fee schedule)

Total number of rooms in establishment: _____

Total fee submitted: _____

Complimentary Breakfast for Guests: ☐ Yes ☐ No

Other Food Service provided for non-guests: ☐ Yes ☐ No (If answer is **YES** you will need to submit a separate application and fees for a Food Service Establishment license.)

*****For Office Use Only*****

LDN _____

Check # _____

LDL _____

Transaction # _____

Total _____

SCHEDULE OF LODGING ESTABLISHMENT LICENSE FEES EFFECTIVE JULY 1, 2011

License Fee:

1 – 9 rooms.....	\$ 30.00
10 – 19 rooms.....	\$ 40.00
20 – 29 rooms.....	\$ 50.00
30 – 39 rooms.....	\$ 60.00
40 – 49 rooms.....	\$ 70.00
50 – 59 rooms.....	\$ 80.00
60 – 69 rooms.....	\$ 90.00
70 – 79 rooms.....	\$100.00
80 – 89 rooms.....	\$110.00
90 – 99 rooms.....	\$120.00
100 – 109 rooms.....	\$130.00
110 – 119 rooms.....	\$140.00
120 – 129 rooms.....	\$150.00
130 – 139 rooms.....	\$160.00
140 – 149 rooms.....	\$170.00
150 – 159 rooms.....	\$180.00
160 – 169 rooms.....	\$190.00
170 – 179 rooms.....	\$200.00
180 – 189 rooms.....	\$210.00
190 – 199 rooms.....	\$220.00
200 – 209 rooms.....	\$230.00
210 – 219 rooms.....	\$240.00
220 – 229 rooms.....	\$250.00
230 – 239 rooms.....	\$260.00
240 – 249 rooms.....	\$270.00
250 – 259 rooms.....	\$280.00
260 – 269 rooms.....	\$290.00
270 – 279 rooms.....	\$300.00
280 – 289 rooms.....	\$310.00
290 – 299 rooms.....	\$320.00
300 – 309 rooms.....	\$330.00
310 – 319 rooms.....	\$340.00
320 – 329 rooms.....	\$350.00
330 – 339 rooms.....	\$360.00
340 – 349 rooms.....	\$370.00
350 – 359 rooms.....	\$380.00
360 – 369 rooms.....	\$390.00
370 – 379 rooms.....	\$400.00
380 – 389 rooms.....	\$410.00

Add \$10.00 for each additional 10 rooms.